

MULTIPLE CHILDREN
RCW 49.48.120
(DECLARATION FORM)

STATE OF WASHINGTON) Warrant/Check No(s) _____
) _____
_____ COUNTY) Fund _____

1. In the matter of the amounts due to deceased employee _____ employed by _____
(Print legal name of deceased employee) (Name of state agency)
of the State of Washington at the time of his/her death.
2. The undersigned claimants declare under penalty of perjury that they are the biological and/or legally adopted children of the deceased.
3. The undersigned agree that our sibling, _____, shall
(Name of sibling)
accept the entire amount due the deceased on our behalf.
4. No personal representative, executor or administrator of the deceased employee's estate has been appointed.
5. Claim is made for the amount due the deceased employee for labor, services performed and/or expense reimbursements or allowances, not exceeding the sum of \$10,000*.

*Beginning July 1, 2005, the \$10,000 is increased by OFM based on the Seattle CPI).

Signature of Claimant	Date
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Signature of Claimant Date

Signature of Claimant	Date
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Signature of Claimant	Date
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Note: Additional signature lines may be added as needed